PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This appropriate, All further indicated unless corrected maintenance fee notifica	correspondence includir d below or directed oth	or tran ig the erwise	smitting the ISSU Patent, advance or in Block I, by (a	ders and nouncation) specifying a new co	orres	pondence address;	and/or	(b) indicating a sepa	correspondence address as trate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
49455 7590 11/28/2008								of Mailing or Trans		
STEIN, MCEWEN & BUI, LLP 1400 EYE STREET, NW SUITE 300 WASHINGTON, DC 20005						reby certify that the	is Fee(s	s) Transmittal is being	deposited with the United tt class mail in an envelope above, or being facsimile ate indicated below.	
WASHINGTON, DC 20005						(Depositor's name)				
		(Signature)								
	•					(Date)				
APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATION NO.			
10/812,089	Hyun-kwon Chun	g			1793.1238	3099				
TITLE OF INVENTI INFORMATION, REPR	ON: INFORMATION ODUCING METHOD T	STOF HERE	RAGE MEDIUM OF AND METHO	CONTAINING EN D FOR MANAGING	IHA THI	NCED AV (EN E BUFFER	AV)	BUFFER CONFIGU	IRATION	
APPLN. TYPE	SMALL ENTITY	SMALL ENTITY ISSU		PUBLICATION FEE D	UE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	NO \$1510		\$300		. \$0		\$1810	03/02/2009	
EXAMINER ART U			ART UNIT	CLASS-SUBCLASS						
VU, THONG H 2419			2419	370-412000						
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(1) the names of u or agents OR, alter (2) the name of a registered attorney	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
(A) NAME OF ASSI	less an assignee is ident h in 37 CFR 3.11. Com GNEE	A TO E ified b pletion	BE PRINTED ON Telow, no assignee of this form is NO	data will appear on the first a substitute for filing (B) RESIDENCE: (C)	he pagan CITY	atent. If an assign assignment. and STATE OR C	ראטסי		ocument has been filed for	
Samsung Electronics Co., Ltd. Suwon-si, Republic of Korea										
Please check the appropr	riate assignee category or	catego	ories (will not be pr	inted on the patent):	<u> </u>	Individual XI Co	orporati	ion or other private gro	oup entity Government	
4a. The following fec(s) are submitted: ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies				 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 503333 (enclose an extra copy of this form). 						
5. Change in Entity Sta	s SMALL ENTITY state	ıs. See	37 CFR 1.27.	☐ b. Applicant is no	lon	ger claiming SMA	LL EN	TITY status. Sec 37 C	FR 1.27(g)(2).	
NOTE: The Issue Fee ar interest as shown by the	nd Publication Fee (if req records of the United St	uired) ites Pa	will not be accepte tent and Trademark	d from anyone other the Office.	ian t	he applicant; a regi	stered	attorney or agent; or the	he assignee or other party in	
Authorized Signature						Date Z	127	109		
Typed or printed name Fadi N. Kiblawi						Registration N			20.00	
This collection of informan application. Confider	nation is required by 37 ontiality is governed by 35	CFR 1	311. The information of the control	on is required to obtain	or i	retain a benefit by timated to take 12	he pub	lic which is to file (and to complete, including the amount of the	d by the USPTO to process) ng gathering, preparing, and me you require to complete	

an application. Confidentially is governed by 35 0.3.5. 122 and 37 or it. This concerton is estimated to take 12 infinites to complete submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.